

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
OFFICE OF PROGRAM SERVICES
PROGRAM PROFILE

Fetal Alcohol Spectrum Disorders (FASD) Services

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Who Can I Contact At DBHR For More Information?

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What Are Fetal Alcohol Spectrum Disorders Services?

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder are other terms used to describe types of FASD. FASD is the leading known cause of mental retardation and is one hundred percent preventable. Approximately 12,000 infants are born in the United States each year with FAS and FAE. They suffer irreversible, life-long physical and mental damage. FASD is a national problem that can impact any child, family, or community.

The Division of Behavioral Health and Recovery (DBHR) has voluntarily chaired the Fetal Alcohol Syndrome Interagency Workgroup since its inception in 1995. The workgroup ensures continued development and implementation of services targeted at identification and intervention with individuals and families suffering from FASD and prevention of FASD.

The FAS Diagnostic and Prevention Network (FAS DPN) is a statewide network of five clinical sites located in Spokane, Yakima, Pullman, and Everett, with a core-training site at the University of Washington in Seattle. The network provides:

- Diagnostic and treatment referral services to individuals of all ages with fetal alcohol exposure.
- FAS screening and surveillance for high-risk populations.
- Identification and referral of high-risk mothers to primary prevention and intervention programs.
- Training and education to professionals statewide.
- Information retrieval to support FAS clinical research.

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The Parent-Child Assistance Program (PCAP) provides advocacy services to high-risk, substance-abusing pregnant and parenting women and their young children in King, Pierce, Spokane, Grant, Cowlitz, Skagit, Clallam, Kitsap and Yakima Counties, as well as the Spokane Tribe. PCAP services include:

- Referral, support, and advocacy for substance abuse treatment and continuing care.
- Assistance in accessing and using local resources such as family planning, safe housing, health care, domestic violence services, parent skills training, child welfare, childcare, transportation, and legal services.
- Linkages to health care and appropriate therapeutic interventions for children.
- Financial assistance for food, unmet health needs, other necessities, and incentives as needed.
- Timely advocacy based on client needs.

What Population Are Served And/Or Who Is Eligible For These Services?

Services are available to high-risk, substance-abusing pregnant and parenting women and their young children, women who may themselves have a diagnosis of FAS or FAE, women who have given birth to a child diagnosed with FAS or FAE, women without access to adequate prenatal care, and women who have not successfully accessed community resources for substance-abusing individuals. Information and referral services are also available to those seeking them.

How Many People Are Served Each Biennium?

Over 800 women and their children receive direct services through PCAP and the FAS DPN each biennium.

What Is The Biennial Funding Amount and Source(s)?

For the 2009-11 Biennium, approximately \$8.6 million was budgeted by DBHR for FASD services. The source of these funds is a combination of state and TANF dollars.

What Would Be The Impact If These Services Were No Longer Available?

A comprehensive means of working with these mothers and their children would be lost. There would be no identification and referral of high-risk mothers to primary prevention and intervention programs. Many of these mothers are the most difficult to treat and need the additional resources to assist them in following through in their recovery. Children suspected of having FASD would not have access to diagnostic and treatment referral services. How well individuals with FASD function as adults is shaped by the interventions they receive as children.

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What Agencies Collaborate With DBHR To Deliver These Services?

Other members of the FAS Interagency Workgroup include the Office of the Superintendent of Public Instruction, Department of Health, Department of Corrections, and the Mental Health Division. FASD service providers work closely with DBHR treatment programs for pregnant and parenting women, therapeutic child development centers, Children's Administration, Child Protective Services, the court system, Pediatric Interim Care (PIC) units, mental health provider networks, schools, and vocational centers.

What Are The Sources For Program Data Or More Information?

- University of Washington Fetal Alcohol and Drug Unit (PCAP)
Therese Grant, Ph.D., Director, (206) 543-7155
- FAS Diagnostic and Prevention Clinics (FAS DPN)
Susan Astley, Ph.D., Associate Professor, (206) 528-2660

For copies of the Fetal Alcohol Syndrome Interagency Work Group's July 2007 Final Report to the Governor's Council on Substance Abuse, contact Washington State Alcohol/Drug Clearinghouse, 1-800-662-9111 or access on the web at:

<http://depts.washington.edu/fasdwa/PDFs/FASIAWG%20Report%20July%202007%20FINAL.pdf>